PROJECT SUMMARY INSTRUCTIONS

All of the necessary project information must be placed on the form in the space allowed. **Additional pages may not be added.** This is a summary of the project narrative.

1. **PROJECT YEAR:** If the project is new, check new. If the project is continuing, check the box of the proposed year of the project (i.e., Year 2) or insert the year of operation.

2. **PROJECT TITLE:** Enter the complete title. The title MUST describe the focus of the project. Acronyms are not acceptable. Do not exceed 60 characters, including space and punctuation.

3. **GRANT PERIOD:** Enter the beginning and ending dates of funding as specified in the grant application.

4. **APPLICANT:** Enter the name and complete address of the organization that is applying for the grant.

5. **FUNDS REQUESTED:** Enter the amount of grant funds requested. This must be the same amount used on the budget pages and on the proposal cover sheet.

6. **IMPLEMENTING AGENCY:** Enter the agency or organization designated on the Grant Award Face Sheet as the programmatic recipient of the grant funds who will accomplish the planned objectives and program goals.

7. **PROGRAM DESCRIPTION:** Provide a description of the specific area of service which OES is authorized to fund based upon state or federal legislation.

8. **PROBLEM STATEMENT:** Describe the problem the project will address. Support the problem with data such as number of offenses, description of the target area, and local needs.

9. **OBJECTIVES:** Include the quantifiable measurements which define a course of action in order to accomplish the program goals.

10. **ACTIVITIES:** Describe activities you will perform to accomplish each objective (quantify where possible).

11. **CATEGORY:** Check the appropriate category.

12. **PROGRAM AREA:** Check appropriate program area.

13. **EVALUATION:** Describe how project performance will be measured. Note who will conduct the evaluation (e.g., project staff, government personnel, or outside consultants).

14. **NUMBER OF CLIENTS TO BE SERVED:** Enter the number of clients.

15. **PROJECTED BUDGET:** List all noted budget items. Be specific in breakdown of grant funds and all other budget sources.

PROJECT SUMMARY

1. PROJECT YEAR	1. PROJECT TITLE	3. GRANT PERIOD
New		
Year 2		_____ **to** _____
Year 3		
Other:		

4. APPLICANT

Name: _____ Phone: _____

Address: _____ Fax #: _____

City: _____ Zip: _____

5. FUNDS REQUESTED

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6. IMPLEMENTING AGENCY

Name: _____ Phone: _____ Fax #: _____

Address: _____ City: _____ Zip: _____

7. PROGRAM DESCRIPTION

8. PROBLEM STATEMENT

9. OBJECTIVES

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10. ACTIVITIES		11. CATEGORY
		12. PROGRAM AREA
13. EVALUATION		14. NUMBER OF CLIENTS (TO BE SERVED)

15. PROJECTED BUDGET

	Personal Services	Operating Expenses	Equipment	TOTAL
Funds Requested:				
Other Grant Funds:				
Other Sources: (list in-kind, fees, etc.)				
Catagory Totals:				